
UTILITY PATENT APPLICATION

ttorney Docket No. ETH5116		0
irst Inventor	John Crombie, et. al.	. P
itle	SUTURE ANCHORING DEVICE	U.8

TRAN	SMITTAL	Title		SUTURE ANCH	ORING DEVICE	136 136		
	al applications under 37 CFR 3(b))	Express Mail Lat	bel No.	EV086127187 U		35		
	N ELEMENTS		ADD	RESS TO:	Mail Stop Patent Application	155		
See MPEP Chapter 600 concerning utility patent application contents.				Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	₩ =			
1. Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing) 2. Applicant claims small entity status. 3. Specification [Total Pages 14] (Preferred arrangement set forth below) - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s)(35 USC 113) [Total Sheets 3] 5. Oath or Declaration [Total Pages3] a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate be preliminary amendment, or in an Application Data Shee				7. □ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. □ Computer Readable Form (CRF) b. □ Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies); or ii. □ paper c. □ Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. ☒ Assignment Papers (cover sheet & document(s)) 10. □ 37 CFR 3.73(b) Statement □ Power of Attorney (when there is an assignee) 11. □ English Translation Document (if applicable) 12. ☒ Information Disclosure Statement (IDS)/PTO-1449 □ Copies of IDS Citations 13. □ Preliminary Amendment 14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. □ Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. □ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. □ Other				
For CONTINUATION	☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an					an		
oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
19. CORRESPONDENCE ADDRESS ☑ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below								
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA								
20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Blossom Loo at: Telephone: (732) 524-1596 Fax: (732) 524-2808								
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
NAME	Bløssom Loo				Reg. No. 36,858	,		
SIGNATURE DATE	Slossom E. December 22, 200	Zn						
DATE	December 22, 200	<u> </u>						

Attorney Docket No.

1/364 U.S. PTO

FEE TRANSMITTAL

Comp	olete if Known
Application Number	
Filing Date	December 22, 2003
First Nam d Inventor	J hn Crombi et. al.
Group Art Unit	
Examiner Name	
Att mey Dock t Number	ETH 5116

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER F	ILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	18 - 20 =		0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =		0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS			N/A	\$280.00	
			TOTAL FEES	\$ 750.00	

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ETH5116/BEL in the amount of \$750.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ETH5116/BEL. Three copies of this sheet are enclosed.

SUBMITTED B	Y:		Complete (if applicable)
Typed or Printed Name	Blossom E. Loo		Reg. No. 36,858
Signature	Blowom EDDo	Date: December 22, 2003	Deposit Account No. 10-0750

DOCKET NO. ETH5116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Crombie et. al.

For : SUTURE ANCHORING DEVICE

Express Mail Certificate

"Express Mail" mailing number: EV086127187 US

Date of Deposit:

December 22, 2003

I hereby certify that this complete application, including specification pages, claims, formal drawings, Declaration and Power of Attorney, and Assignment with Cover Sheet, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Laurie Phillips

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)